



BILL FINCH
Mayor

City of Bridgeport, Connecticut
OFFICE OF PLANNING & ECONOMIC DEVELOPMENT
DEPARTMENT OF CITY PLANNING

ROOM 212 - 45 LYON TERRACE
BRIDGEPORT, CONNECTICUT 06604
TELEPHONE: (203) 576-7760
FAX: (203) 332-5568

DONALD C. EVERSLEY
Director

HISTORIC DISTRICT COMMISSION
APPLICATION PROCEDURES

1. Submit eight (8) copies of the completed application form, both sides.
2. Have owner sign application
3. Submit photographs of building or architectural plans showing the proposed work.
4. Submit material sample or manufacturer's brochure of items to be installed/constructed, such as windows, doors, columns, railings, siding etc.
5. The Commissions meet on the first Tuesday of the month. All applications must be submitted on or before the 15th of the month preceding the month in which you are expected to appear on the agenda.
6. The name, address, telephone number and e-mail address (if possible) of the "contact" person, if any, must be clearly indicated on the application form.
7. Contact William E. Minor at (203)576-7222 with questions.



Application for a Certificate of Appropriateness

Historic District Commission • Bridgeport, Connecticut

Application Number _____ Date _____

INSTRUCTIONS: Complete this application form in ink (please print clearly) or typewriter. Submit by the 15th of the month in order to be considered at the regular meeting on the first Tuesday of the following month. Submit eight (8) copies.

AN APPLICATION IS HEREBY MADE for issuance of a Certificate of Appropriateness (under General Statutes of Connecticut 7-147 as amended by Public Act 80-314) for work as described below, and on plans, drawings, photographs and descriptive material attached.

Local Historic District: _____

Block and Lot Number: _____ Year Built: _____

Address of Proposed Work: _____

Owner of Record: _____

Owner's Address (if different from above): _____

Owner's Telephone: _____ Email _____

Name of Agent: _____ Telephone _____

Name of Architect or Designer: _____ Telephone _____

Name of Builder or Contractor: _____ Telephone _____

INFORMATION REQUIRED FOR PROCESSING APPLICATION:

1. Plan and drawings of all elevations visible from surrounding streets. Property owners may submit their own sketch to scale (on graph paper if possible). Architects, designers or contractors must submit drawings of professional quality.
2. Clear photograph(s) of existing structure or property. Show all elevations visible from any street.
3. Descriptive literature and/or samples of proposed materials (roofing, siding, windows, etc.)
4. Approximate dates of project commencement _____ and project completion _____
5. Has applicant previously applied for a Certificate of Appropriateness? ☐ No ☐ Yes If yes, when? _____

Please note that all drawings, plans, photos, product literature, etc submitted will be retained by the HDC Administrator.

DESCRIPTION OF WORK (Please check all appropriate categories):

- | | | |
|--|---|---|
| <input type="checkbox"/> Historical Restoration/Renovation | <input type="checkbox"/> Garage | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Steps | <input type="checkbox"/> Commercial (Signage, etc.) |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Parking/Driveway | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Walks | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Porch | <input type="checkbox"/> Wall | _____ |

Size of Structure or Addition _____ (length) _____ (width) _____ (height) _____ (square footage)

Plot plan attached (*Required for new construction*) ☐ Yes ☐ No

DETAIL DATA: Please provide a brief written description of the proposed project. (Attach additional sheet if needed).

IMPORTANT: No work may differ from approved Certificate of Appropriateness.

State statutes dictate that unapproved work may be subject to fines and/or removal. Certificate of Appropriateness is valid for 12 months from date of issue. Certificate may be renewed at the discretion of the Historic District Commission.

MATERIAL SPECIFICATIONS & STYLE INFORMATION

Please check all that apply to your project and identify existing materials and any proposed replacement materials.

ROOF

Existing: ☐ Asphalt ☐ Slate ☐ Tile ☐ Cedar ☐ Metal ☐ Fiberglass ☐ Composite ☐ Other (specify) _____
Color (please specify): _____
Proposed: ☐ Asphalt ☐ Slate ☐ Tile ☐ Cedar ☐ Metal ☐ Artificial Slate ☐ Fiberglass ☐ Composite ☐ Other (specify) _____
Color (please specify): _____

SIDING

Existing: ☐ Clapboard ☐ Wood Shingle ☐ Vinyl Siding ☐ Aluminum Siding ☐ Masonry; stone, stucco ☐ Fiber Cement Board
Proposed: ☐ Clapboard ☐ Wood Shingle ☐ Vinyl Siding ☐ Aluminum Siding ☐ Masonry; stone, stucco ☐ Fiber Cement Board

GUTTERS & LEADERS

Existing ☐ Wood ☐ Copper ☐ Aluminum ☐ Extruding ☐ Plastic ☐ Integral with roof
Proposed ☐ Wood ☐ Copper ☐ Aluminum ☐ Extruding ☐ Plastic ☐ Integral with roof

Windows

Existing: ☐ Double Hung ☐ Casement ☐ Arched ☐ Bay ☐ Diamond Paned ☐ Picture ☐ Other (specify) _____
Multiple Panes? ☐ No ☐ Yes - Specify number of panes in Top Sash _____ Bottom Sash _____
Material: ☐ Wood ☐ Metal ☐ Vinyl ☐ Wood clad with metal ☐ Wood clad with vinyl ☐ Fiberglass
Special Glass? ☐ No ☐ Yes - Please Specify; ☐ Leaded ☐ Beveled ☐ Stained Glass ☐ Art glass ☐ Other (specify) _____
Proposed: ☐ Double Hung ☐ Casement ☐ Arched ☐ Bay ☐ Diamond Paned ☐ Picture ☐ Other (specify) _____
Multiple Panes? ☐ No ☐ Yes - Specify number of panes in Top Sash _____ Bottom Sash _____
Material: ☐ Wood ☐ Metal ☐ Vinyl ☐ Wood clad with metal ☐ Wood clad with vinyl
Special Glass? ☐ No ☐ Yes - Please Specify; ☐ Leaded ☐ Beveled ☐ Stained Glass ☐ Art Glass ☐ Other (specify) _____

SHUTTERS

Existing Material: ☐ Wood ☐ Composite ☐ Vinyl ☐ Plastic ☐ Aluminum ☐ Fiberglass
Shutter Style: ☐ Louvered ☐ Raised Panel ☐ Board & Batten ☐ Custom
Proposed: ☐ Wood ☐ Composite ☐ Vinyl ☐ Plastic ☐ Aluminum ☐ Fiberglass
Shutter Style: ☐ Louvered ☐ Raised Panel ☐ Board & Batten ☐ Custom

DOORS

Existing: ☐ Wood, solid ☐ Wood with windows ☐ Metal, solid ☐ Metal with windows
Sidelites? ☐ No ☐ Yes ☐ Sidelite Glass: ☐ Plain ☐ Beveled/Leaded ☐ Frosted ☐ Stained Glass
Transom? ☐ No ☐ Yes ☐ Transom Glass: ☐ Clear/Frosted ☐ Patterned ☐ Colored
Special Hardware? (e.g. Strap hinges) ☐ No ☐ Yes (please specify) _____
Proposed: ☐ Wood, solid ☐ Wood with windows ☐ Metal, solid ☐ Metal with windows ☐ Fiberglass, solid ☐ Fiberglass with windows
Sidelites? ☐ No ☐ Yes ☐ Sidelite Glass: ☐ Plain ☐ Beveled/Leaded ☐ Frosted ☐ Stained Glass
Transom? ☐ No ☐ Yes ☐ Transom Glass: ☐ Clear/Frosted ☐ Patterned ☐ Colored
Special Hardware? (e.g. Strap hinges) ☐ No ☐ Yes (please specify) _____

GARAGE DOORS

Existing: ☐ Wood, solid ☐ Wood with windows ☐ Metal, solid ☐ Metal with windows
Proposed: ☐ Wood, solid ☐ Wood with windows ☐ Metal, solid ☐ Metal with windows ☐ Fiberglass, solid ☐ Fiberglass with windows

STEPS/PORCH DECKING

Existing: ☐ Wood ☐ Masonry ☐ Brick ☐ Slate/Bluestone ☐ Cement Slab ☐ Composite
Proposed: ☐ Wood (untreated) ☐ Pressure treated wood ☐ Masonry ☐ Brick ☐ Slate/Bluestone ☐ Cement Slab ☐ Composite

FENCE OR WALL

Existing: ☐ Wood ☐ Wrought Iron ☐ Steel ☐ Stone ☐ Brick ☐ Cement Block ☐ Composite ☐ Aluminum ☐ Vinyl
Proposed: ☐ Wood ☐ Wrought Iron ☐ Steel ☐ Stone ☐ Brick ☐ Cement Block ☐ Composite ☐ Aluminum ☐ Vinyl

WALK OR DRIVEWAY

Existing: ☐ Cement ☐ Macadam ☐ Gravel ☐ Brick ☐ Slate/Flagstone/Bluestone ☐ Concrete Pavers ☐ Other
Proposed: ☐ Cement ☐ Macadam ☐ Gravel ☐ Brick ☐ Slate/Flagstone/Bluestone ☐ Concrete Pavers ☐ Other

ADDITIONAL DETAIL DATA:

Signature of Owner of Record _____ Date _____
 Signature of Applicant (if different) _____ Date _____
 Signature(s) of agent(s) _____ Date _____

The following information is to be completed by the HDC office:

Date Application Received _____ Date of Public Hearing _____
 Inspected Prior to Hearing _____ Commissioners _____
 Inspection upon Completion _____ Commissioners _____

Building Department:

1. APPROVED (Conditions) _____

2. DENIED (Reasons) _____

 Signature of HDC Administrator

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 12 months from date of issue. Certificate may be renewed at the discretion of the Historic District Commission.

NOTES TO PROPERTY OWNERS:

NEED HELP COMPLETING THIS FORM?

If you have questions about how to complete this application form, please contact the Director of Land Use and Construction Review at City Hall or call (203) 576-7222. Historic district commissioners may also be available to assist you and answer questions.

IMPORTANT!! Your project may be eligible for the Connecticut Historic Homes Rehabilitation Tax Credit.

This program provides a thirty percent tax credit up to \$30,000 per dwelling unit for the rehabilitation of 1-4 family buildings. After completion of rehabilitation work, one unit must be owner-occupied for a period of five years. A minimum of \$25,000 in qualified rehabilitation expenditures is required to qualify.

The owner must submit a detailed application for approval prior to commencement of work. Application forms can be obtained from the Connecticut Commissioner on Culture & Tourism, Historic Preservation and Museum Division, 59 South Prospect Street, Hartford, CT 06106 or by calling (860) 566-3005.